

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | 31 | 31 | 5-17-01 |
| O.I.P.E. CLASSIFIER | 8 | 577 | 5-17-01 |
| FORMALITY REVIEW | MD | 577 | 6/25/01 |
| RESPONSE FORMALITY REVIEW | Request | 925 | 09-11-01 |
| " | H-S | 866 | 10-25-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 - Restricted 0 Objected

| Claim | Date |
|-------|--------|
| Final | |
| 1 | 6/1/01 |
| 2 | ✓ ✓ ✓ |
| 3 | ✓ ✓ ✓ |
| 4 | ✓ ✓ ✓ |
| 5 | ✓ ✓ ✓ |
| 6 | 2 N |
| 7 | 2 N |
| 8 | ✓ ✓ |
| 9 | N N |
| 10 | N |
| 11 | N |
| 12 | N N |
| 13 | ✓ ✓ |
| 14 | N N |
| 15 | N N |
| 16 | ✓ ✓ |
| 17 | — |
| 18 | — |
| 19 | ✓ ✓ |
| 20 | N N |
| 21 | N N |
| 22 | ✓ ✓ |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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4-5
6-25-01
865-1313
11/12/01